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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Application or Pocket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		QR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			ILED .	NUMBER EXTRA			RATE (\$) ·	, FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))											
SEARCH FEE (37 CFR 1.16(k), (i), or (m))											
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			•								
TOTAL CLAIMS (37 CFR 1.16(i))		mi	nus 20 =				x 25.		OR	x 50 =	5
INDEPENDENT CLAIMS (37 CFR 1.16(h))		. minus 3 =		•			× /00 =			x200=	
If the specification and drawings exceed 10 sheets of paper, the application size fee duis \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Se 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				ze fee due each ereof. See		·					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))							180			360	,
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II									THAN		
H	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST					1 [	SMALLE	NTITY	) 	SMALL	ENTITY
AMENDMENT 4	I. A. TAN S RE	EMAINING AFTER ENDMENT	PR	NUMBER EVIOUSLY PAID FOR	PŘESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$) /		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	1/D M	nus **	20	= /		x 25 =		OR	x 50 =	
	Independent (37 CFR 1.16(h))	3: M	nus ***	3	= /		× 107 =		OR	x 200	/
AM	Application Size Fee (37 CFR 1.16(s))						(1)	/		2/1	
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())						180	<i>I</i>	OR	TOTAL	
							ADD'L FEE		OR .	ADD'L FEE	
		olumn 1)		(Column 2)	(Column 3)		·.		ı		
ENT 🎩	RE	CLAIMS EMAINING AFTER ENDMENT	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)	-	RATE (\$)	ADDI- TIONAL FEE (\$)
ME	Total * (37 CFR 1.16(i))	. Mi	nus **		= .		x =		OR	x . =	
AMEND	Independent (37 CFR 1.16(h))	. Mi	nus ***		=	1	·x · =		OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					] · [			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry In column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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